

Data Collection Training Core Participant Data (Intake)

Statewide Data Collection
and Evaluation of First 5
California Funded
Programs



Goals of Training

- To define “core participant.”
- To understand what kind of data is collected about a core participant.
- To learn how to use the core participant Merged Guardian Intake Form for Children Under 3 and Children 3-5 data collection tool.

Core Participant Definition

A child age 0-5 or the guardian of such a child who receives First 5 services for multiple sessions and for at least a 3-week period.

The type of information collected about a core participant includes:

- Consent to participate
- Demographic information (for child and guardian)
- Intake interview about health, well-being, and early learning experiences
- Follow-up interviews (every 6 months)
- Services received

What questions can core participant intake and follow-up data answer?

- How does the percentage of children with access to regular medical care differ across ethnic groups?
- How many more children have health insurance after 6 months of First 5 services?
- How many children were diagnosed with disabilities or other special needs by entry into First 5 services?
- How many children ages 3-5 have regularly attended a preschool or other early education program?
- What percentage of children received child development services from First 5 programs?
- On average, how many home visits did core families receive during the year?

Core Participant Intake Purposes

- To document the date of client consent and the date of initial First 5 service delivery.
- To collect information about core participant's health, well-being, and early learning experiences at entry to First 5 services.

The core intake interview does *not* collect information about services the client receives.*

*Refer to Core Participant Service Data Collection Tool for collection of service data.

Core Participant Consent to Participate Reminders

- The consent/authorization form must be signed by the legal guardian prior to conducting the intake interview.
- The consent/authorization form is available in multiple languages.
- Program staff must retain a signed original and give a copy of the consent to the participant.
- The consent is effective for 10 years, unless revoked by the participant before then.

Core Participant

Collection of personal information

Data elements include:

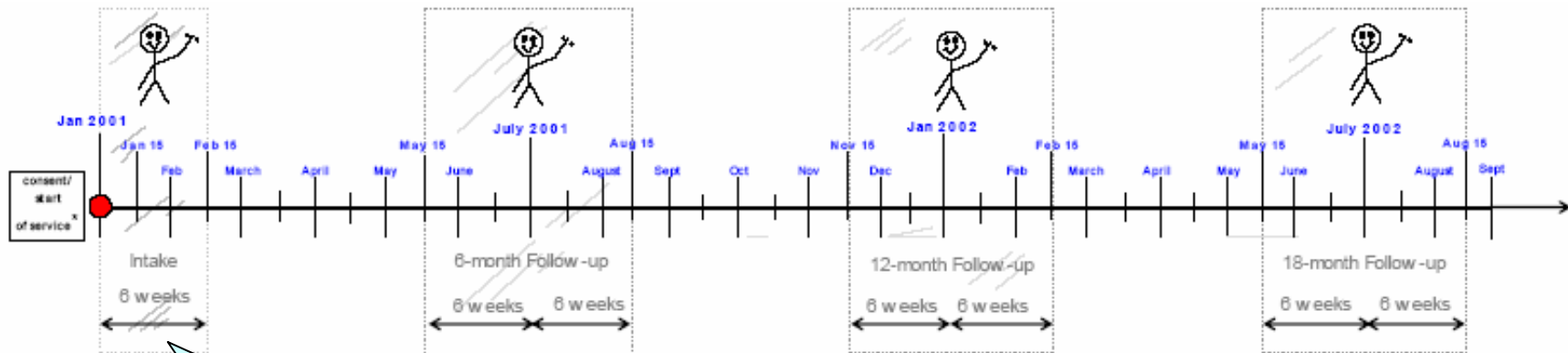
- Identifying Information as prescribed by AB 99 legislation
 - Name
 - Date of birth
 - Gender
 - Place of birth
- Demographic information
 - Ethnicity
 - Primary language
- Zip code of residence
- Address and phone number (optional)

Core Participant Intake Reminders

- Administer one of two versions, based on age of child:
 - Children under 3
 - Children ages 3-5 years
- Complete the interview individually and in person (rather than by mail or in a group setting).
- Use the “Core Participant: Intake and Follow-Up Interview Guide” for assistance with administering individual questions.*
- Conduct follow-ups after every 6 months of service delivery.
 - Use the appropriate version of the follow-up interview depending on current age of child.

*Available at www.first5eval.com

Core Participant Intake Timeline



The intake interview should be conducted within 6 weeks of the first service date.

Core Participant Example

Mrs. Kim conducts home visits for parents to provide parenting education and family literacy programs.

In July, she began meeting with an English speaking Asian adult, who has a 4-year-old child.

Core Participant Intake

Completion of intake form

Let's use our example to complete the intake form.

Enter the **Program Name** and **Date** of intake interview.

Core Participant Merged Guardian Intake Form Children 3-5

Program name: Mayberry Resource Center

Date: 08/01/2005

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional)	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	First name of guardian's mother: Trinh
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
Child's place of birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input type="checkbox"/> If born in other country, specify <u>country</u> :		Guardian's place of birth: <input type="checkbox"/> If born in California, specify <u>county</u> : <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

Core Participant Intake

Completion of intake form

Enter the **child's first name** and **last name** (middle name is optional).

Merged Guardian Intake Form Children 3-5

Program name: Mayberry Resource Center		Date: 08/01/2005	
Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional):	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	Guardian's <u>middle</u> name:
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 2003	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
Child's place of birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input type="checkbox"/> If born in other country, specify <u>country</u> :		Guardian's place of birth: <input type="checkbox"/> If born in California, specify <u>county</u> : <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

**Do not enter
nicknames or
partial first names
(e.g., Jen for
Jennifer).**

Core Participant Intake

Completion of intake form

Enter the **first name** of child's mother.

Core Participant Merged Guardian Intake Form Children 3-5

Program name: Happy Resource Center Date: 08/01/2005

Child's <u>first</u> name: <u>Jennifer</u>	Child's <u>middle</u> name (optional)	Guardian's <u>first</u> name: <u>Susan</u>	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: <u>Nguyen</u>	First name of child's mother: <u>Susan</u>	Guardian's <u>last</u> name: <u>Nguyen</u>	First name of guardian's mother: <u>Trinh</u>
Child's birth date: <u>07 / 01 / 2001</u>	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: <u>08 / 01 / 1969</u>	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
Child's place of birth: <input checked="" type="checkbox"/> If born in California <input type="checkbox"/> If born in other country <input type="checkbox"/> If born in other country			
Note: If client declines to specify place of birth, you may note as "unknown" under any category.			

This information can be repeated in the next section, if the guardian completing the intake is the mother. If this question is not applicable, enter "Unknown".

Core Participant Intake

Completion of intake form

Core Participant Merged Guardian Intake Form Children 3-5

Program name: Mayberry Resource Center

Date: 08/01/2005

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional)	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	First name of guardian's mother: Trinh
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input type="checkbox"/> If born in other country, specify <u>country</u> :		<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

Enter the **child's birth date**.

Select the **child's gender**.

Core Participant Intake

Completion of intake form

Enter the **child's mother's maiden name** (optional).

Enter the **child's place of birth**.

- If born within California, specify the county.
- If born outside California, specify the state.
- If born outside the United States, specify the country.

If the person declines to state place of birth, you can indicate "unknown."

Child's first name: er	Child's middle name: nte	Guardian's first name: Trinh	Guardian's middle name: y
Child's last name: yen	First name of child's mother: Susan	Guardian's last name: Trinh	First name of guardian's mother: Trinh
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 04 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's maiden name: (optional)		Guardian's maiden name: (optional)	
Child's place of birth: <input checked="" type="checkbox"/> If born in California, specify county: San Francisco <input type="checkbox"/> If born in other U.S. state, specify state: _____ <input type="checkbox"/> If born in other country, specify country: _____		Guardian's place of birth: <input type="checkbox"/> If born in California, specify county: _____ <input type="checkbox"/> If born in other U.S. state, specify state: _____ <input type="checkbox"/> If born in other country, specify country: _____	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

Core Participant Intake

Completion of intake form

Enter the **guardian's first name** and **last name** (middle name is optional).

Core Participant Merge
Children 3-5

Program name: Mayberry Resource Center

Date: 08/01/2005

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional):	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	First name of guardian's mother: Trinh
Child's birth date:	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
(optional)		Guardian's <u>maiden</u> name: (optional)	
San Francisco		Guardian's place of birth:	
City state:		<input type="checkbox"/> If born in California, specify <u>county</u> :	
Country:		<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> :	
Specify <u>country</u> :		<input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

Do *not* enter nicknames or partial first names (e.g., Sue for Susan).

Core Participant Intake

Completion of intake form

Core I

Enter the **first name of guardian's mother** (i.e., in most cases, this is the name of the child's grandmother.)

Program name: Mayberry Resource Center

Date: 08/01/2005

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional)	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	First name of guardian's mother: Trinh
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
Child's place of birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input type="checkbox"/> If born in other country, specify <u>country</u> :		Guardian's place of birth: <input type="checkbox"/> If born in California, specify <u>county</u> : <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : <input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		Note: If client declines to specify place of birth, you may note as "unknown" under any category.	

Core Participant Intake

Completion of intake form

Core Participant Merged Guardian Intake Form Children 3-5

Program name: Mayberry Resource Center

Date: 08/01/2005

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name (optional)	Guardian's <u>first</u> name: Susan	Guardian's <u>middle</u> name: (optional)
Child's <u>last</u> name: Nguyen	First name of child's mother: Susan	Guardian's <u>last</u> name: Nguyen	First name of guardian's mother: Trinh
Child's birth date: 07 / 01 / 2001	Child's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's birth date: 02 / 03 / 1969	Guardian's gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)		Guardian's <u>maiden</u> name: (optional)	
<p>Enter the guardian's birth date.</p> <p><input type="checkbox"/> If born in other U.S. state, specify <u>state</u>: _____</p> <p><input type="checkbox"/> If born in other country, specify <u>country</u>: _____</p> <p>Note: If client declines to specify place of birth, you may note as "unknown" under any category.</p>		<p>Select the guardian's gender.</p> <p><input type="checkbox"/> If born in other U.S. state, specify <u>state</u>: _____</p> <p><input checked="" type="checkbox"/> If born in other country, specify <u>country</u>: Vietnam</p> <p>Note: If client declines to specify place of birth, you may note as "unknown" under any category.</p>	

Core Participant Intake

Completion of intake form

Core Participant Intake Form

Program name: Mayberry Resource Center

Child's <u>first</u> name: Jennifer	Child's <u>middle</u> name: Susan	Guardian's <u>last</u> name: Nguyen	Guardian's <u>first</u> name: Trinh
Child's <u>birth date</u> : 07 / 01 / 2001	Child's <u>sex</u> : <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Guardian's <u>birth date</u> : 02 / 03 / 1969	Guardian's <u>sex</u> : <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Child's mother's <u>maiden</u> name: (optional)	Guardian's <u>maiden</u> name: (optional)		
Child's <u>place of birth</u> : San Francisco	Guardian's <u>place of birth</u> : <input type="checkbox"/> If born in California, specify <u>county</u> : _____ <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____ <input checked="" type="checkbox"/> If born in other country, specify <u>country</u> : Vietnam		
Note: If client declines to specify place of birth, you may note as "unknown" under any category.			

Enter the guardian's place of birth.

- If born within California, specify the county.
- If born outside California, specify the state.
- If born outside the United States, specify the country.

Enter the guardian's maiden name (optional).

If the person declines to state place of birth, you can indicate "unknown."

Core Participant Intake

Completion of intake form

Enter the **date** the intake was completed.

Enter the **date** the consent form was signed.

Date intake completed: 08 / 01 / 2005	Consent date: 07 / 05 / 2005
Child's date of first service: 07 / 05 / 2005	Guardian's date of first service: 07 / 05 / 2005
Add Child to service group(s)? (optional) <input checked="" type="checkbox"/> If Yes, specify _____	Add Guardian to service group(s)? (optional) <input type="checkbox"/> If Yes, specify _____

Enter the child's **date of first service**.

Enter the guardian's **date of first service**.

Core Participant Intake

Completion of intake form

If using PEDS for data entry, indicate if the child or guardian belongs to a service group (optional).

Date intake completed: 08 / 01 / 2005	07 / 05 / 2005
Child's date of first service: 07 / 05 / 2005	Guardian's date of first service: 07 / 05 / 2005
Add Child to service group(s)? (optional) <input checked="" type="checkbox"/> If Yes, specify: _____	Add Guardian to service group(s)? (optional) <input type="checkbox"/> If Yes, specify: _____

This is applicable only for county commissions using PEDS.
For more information, see PEDS Group Data Entry Presentation.

Core Participant Intake

Completion of intake form

Ethnicity of Child (check all that apply):	Ethnicity of Guardian (check all that apply):
<input type="checkbox"/> Alaska Native or American Indian	<input type="checkbox"/> Alaska Native or American Indian
> Asian	> Asian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Korean
<input checked="" type="checkbox"/> Vietnamese	<input checked="" type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Black/African-American
> Hispanic/Latino	> Hispanic/Latino
<input type="checkbox"/> Mexican, Mexican-American, Chicano	<input type="checkbox"/> Mexican, Mexican-American, Chicano
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban
<input type="checkbox"/> Central American	<input type="checkbox"/> Central American
<input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> Other Hispanic/Latino
> Pacific Islander	> Pacific Islander
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Other: specify _____	<input type="checkbox"/> Other: specify _____
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

Specify the **ethnicity** of the child and guardian. You may select multiple ethnicity categories.

Core Participant Intake

Completion of intake form

What language does the family speak most at home? (check **ONE box):**

<input type="checkbox"/> Mostly English	<input type="checkbox"/> Mostly another language (indicate other language below)
<input checked="" type="checkbox"/> English and another language equally (indicate other language below)	<input type="checkbox"/> Unknown

If language other than English, which language does the family speak most often at home?

<input type="checkbox"/> Cantonese	<input type="checkbox"/> Assyrian	<input type="checkbox"/> Greek	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Thai
<input type="checkbox"/> Hmong	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Mien	<input type="checkbox"/> Tigrinya
<input type="checkbox"/> Korean	<input type="checkbox"/> Burmese	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Mixteco	<input type="checkbox"/> Toishanese
<input type="checkbox"/> Spanish	<input type="checkbox"/> Cebuano (Visayan)	<input type="checkbox"/> Hindi	<input type="checkbox"/> Pashto	<input type="checkbox"/> Tongan
<input type="checkbox"/> Tagalog (Pilipino)	<input type="checkbox"/> Chaldean	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Polish	<input type="checkbox"/> Turkish
<input checked="" type="checkbox"/> Vietnamese	<input type="checkbox"/> Chamorro (Guamanian)	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Other (mark list below)	<input type="checkbox"/> Chaozhou (Chaochow)	<input type="checkbox"/> Indonesian		
<input type="checkbox"/> Albanian	<input type="checkbox"/> Croatian	<input type="checkbox"/> Japanese		
<input type="checkbox"/> Amharic (Ethiopian)	<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi (Persian)			
<input type="checkbox"/> Armenian	<input type="checkbox"/> French			
	<input type="checkbox"/> German			

Choose the language most often spoken at home by the family.

If the family speaks English and another language equally, or if they speak mostly another language, indicate the language in this section.

Core Participant Intake

Completion of intake form

Street address: <i>(optional)</i> 1234 Happy Lane	City: <i>(optional)</i> Mayberry
Zip code: 91234	Phone number: <i>(optional)</i> (222) 123-4567

Enter the **zip code** (required). Enter the home address and phone number of the child if available (optional).

Core Participant Outcome Questions

Review of intake and follow-up format

The intake and follow-up interviews include several questions related to children's health, family functioning, and child development outcomes.

- Some questions are asked one time only on the intake and do not appear on the follow-up.
 - As a result, the follow-up is shorter in length.
- Some questions are asked only of mothers.
 - If the mother is *not* the respondent, mark “Don’t know/Declined.”
- Questions asked are dependent on child age (0-3 or 3-5 years).
 - The data collection form appears to skip numbers, but the numbering allows for consistency across both age versions.

Core Participant Intake

Format of intake interview

- The intake interview must be administered verbally to a parents or guardian by program staff.
- Questions are designed for the interviewer to:
 - Read each question aloud and read aloud only those response options that are NOT italicized.
 - Select the appropriate categorical response(s) based on the participant's response to an open-ended question.
 - Fill in the blanks based on the participant's response to open-ended questions.

We'll take a look at some examples next.

Core Participant Intake

Example question

Let's look at an example of an open-ended question where the interviewer will fill-in the blank.

3.* (Ask only <i>mother</i>): How old were you when your child was born?	<div>2 2 Years of age</div> <div><input type="checkbox"/> Don't know/Declined</div>
---	---

Ask the question only of mothers.
Read the question only. Do not read the response option.

Fill in the mother's age based on the participant's response.

Core Participant Intake

Example question

Let's look at an example where the interviewer will select the appropriate categorical response based on the participant's answer to an open-ended question.

1. How much did your child weigh when he/she was born?		<i>Pounds</i>	<i>Kilogram s</i>	<i>Grams</i>
	<input type="checkbox"/>	3 lbs. 4 oz. and below	Under 1.5	Under 1500
	<input type="checkbox"/>	3 lbs. 5 oz. - 5 lbs. 7 oz.	1.5 – 2.4	1500 - 2499
	<input checked="" type="checkbox"/>	5 lbs. 8 oz. - 7 lbs. 15 oz.	2.5 – 3.5	2500 - 3599
	<input type="checkbox"/>	8 lbs. or more	3.6 or more	3600 or more
		<input type="checkbox"/> <i>Don't know/Declined</i>		

Read the question only.
Do not read the *italicized*
response options.

Mark the response category that best fits the answer.
For example, if the respondent answers "5 pounds,
10 ounces," mark this category.

Core participant intake

Example question

Let's look at an example of a question where the interviewer will read aloud each response category.

11b. Has a doctor or other health, school district, or regional center professional ever told you that your child has any of the other following disabilities or special needs? *(Check all that apply.)*

- ☐ Mental retardation
- ☐ At risk
- ☐ Traumatic brain injury
- ☐ Hearing impairment
- ☐ Deafness
- ☐ Visual impairment (including blindness)
- ☐ Deaf-blindness
- ☐ Speech or language impairment
- ☐ Emotional disturbance
- ☒ Autism
- ☐ Specific learning disability
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Multiple disabilities
- ☐ No
- ☐ *Don't know/Declined*

Read the question and each of the response options. Check appropriate box(es) based on participant's response.

Core Participant Intake

Summary of key outcomes and indicators

All children	Children 0-3 only	Children 3-5 only
Prenatal Care/Birth Outcomes <ul style="list-style-type: none"> – Birth weight – Smoke-free pregnancy Child Health and Access to Care <ul style="list-style-type: none"> – Health insurance – Regular provider/medical home – Receipt of well-baby and well-child check-ups – Developmental delays, disabilities, or special needs Parenting Activities <ul style="list-style-type: none"> – Sing songs – Read/show books, tell stories Smoking in the Home	Prenatal Care/Birth Outcomes: <ul style="list-style-type: none"> – Prenatal care – Preterm births – Breastfeeding 	Child Health and Access to Care <ul style="list-style-type: none"> – Dental care Child Care

Core Participant Intake

Summary of elective outcomes and indicators

All children	Children 0-3 only	Children 3-5 only
Teen Pregnancy Child Health and Access to Care <ul style="list-style-type: none"> – Receipt of developmental screenings Family Security <ul style="list-style-type: none"> – Housing stability – Food insecurity – Poverty – Maternal education 	Nurturing and Supportive Environment <ul style="list-style-type: none"> – Maternal depression screening 	Child Health and Access to Care <ul style="list-style-type: none"> – Receipt of services for children with disabilities – Parents' evaluation of developmental status – Immunization status: parental assessment and immunization record – Dental insurance Kindergarten Transition Activities <ul style="list-style-type: none"> – Participation in school-linked transitional activities

Elective indicators are optional and selected by individual County Commissions.

Core Participant Follow-up

Summary of outcomes and indicators

All children	Children 0-3 only	Children 3-5 only
Child Health and Access to Care <ul style="list-style-type: none"> – Health Insurance – Regular provider/medical home – Receipt of well-baby and well-child check-ups – Developmental delay/disabilities – Dental care Family Security <ul style="list-style-type: none"> – Housing stability* – Food insecurity* – Poverty* – Maternal education* 		Child Health and Access to Care <ul style="list-style-type: none"> – Receipt of services for children with disabilities* – Parents' evaluation of developmental status* – Immunization status: parental assessment and immunization record* – Dental insurance* Kindergarten Transition Activities <ul style="list-style-type: none"> – Participation in school-linked transitional activities*

* Indicates elective indicators

Core Participant Intake

Other helpful hints

If additional clarification is needed on a question, refer to the Intake and Follow-up Guide for definitions and options for rephrasing the question.

See example below:

11c.* Does your child currently have or has your child ever had an Individualized Family Service Plan (sometimes called an "IFSP") or an Individualized Education Plan (sometimes called an "IEP")?	<input type="checkbox"/> Yes— <i>Currently</i> <input type="checkbox"/> Yes— <i>In the past, but not currently</i> <input type="checkbox"/> No <input type="checkbox"/> Don't know/ <i>Declined</i>
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From the intake guide:

Question Clarification: If parent/guardian doesn't know what an IEP or IFSP is, explain that it is a written plan for a child who has been diagnosed with a disability or other special needs that includes what special services the child should receive. IEPs and IFSPs can be initiated by a parent, parent advocate, school staff, or other child care or early care provider.

Core Participant Intake

Other helpful hints

If parent/guardian continues to have difficulty answering a question, select “Don’t know/Declined” or refer to the Intake and Follow-Up Guide for help with clarifying a question.

See example below:

11a. Has a doctor or other health, school district, or regional center professional ever told you that your child was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know/Declined</i>
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From the intake guide:

Question Clarification: If the respondent does not seem to understand the question, say: “Usually if a child has a problem like this, the doctor will tell you. If you haven’t heard anything like this from your doctor, I will mark ‘No’ and we’ll go to the next question.”

Core Participant Intake Summary

- A signed consent **must** be obtained from the participant's guardian before conducting the intake interview.
- Intakes should be conducted within the first 6 weeks of service delivery.
- Follow-ups are conducted after every 6 months of service delivery.
- Use the intake or follow-up form that is appropriate for the child's current age.
- Use the intake and follow-up forms customized for your County Commission.
- A copy of the Intake and Follow-up Guide can be found at www.first5eval.com